PLACE F BIRTH	ARIZONA STATE BOARD OF HEALTH			
County of	BUREAU OF	VITAL STATISTIC	S State	Index No. 137
District of	ORIGINAL CERTIFICATE OF		SIRTH Co. 1	Register No. 46
Town of	——————————————————————————————————————		Local Re	gistrar's No
City of	(No		St.;	
FULL NAME OF CHILD If child is not named, make Supplen				Born NO YES
Children Twin	and {	Number in er of birth In	Date of Birth	(Day) (Yr.)
Father Name	Den from	Full Maide Name	MOTHER	Carre
Residence Music	ia.	Residence		
	at last 37 (Years)	Color or Race		thday (Years)
Birthplace My	Birthplace 7	leer	(2000)	
Occupation Muie	Occupation 4			
of this mother mother,	of Children, of this now living	against (ecautions taken Ophthalmia neonat	orum? Jes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of the above child; and that it occurred of the M.				
When there is no attending pl cian or midwife, then the househo should make this return.	ysi-)	(Signature)	physician, midwife	householder.)
Given or Christian name added	from a		1	1
supplemental report	191	Address 20 191 9	KOCAL	Inay ton
021-915-115 COUNTY REGISTRA	A True Copy Filed QCT	6 ## \$ \$ 19 19.	<u>BB</u>	REGISTRAR.